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ABSTRACT

This minority report is a rebuttal to the recommendations made by the Task Force on Adolescent Pregnancy and Parenting of the Pittsburgh Board of Public Education. It takes issue with the way in which decisions were made and especially with the recommendation to establish school-based clinics (SBCs) in or near high risk schools. This minority opinion holds that SBCs are improper, inappropriate and problematic for the following reasons: (1) proof of the need for SBCs was not clearly demonstrated; (2) SBCs have been shown not to be effective in reducing teen pregnancy; (3) the cost effectiveness of SBCs has not been proven; (4) the proposed SBC services lack definition; (5) there was no disclosure of which agency would be contracted to implement the program; (6) the moral questions of promiscuity, abortion, and parental consent were not addressed adequately; (7) there is the possibility that the school district could be liable; (8) the information provided to the task force was biased; (9) other options were not considered seriously; and (10) the proposed values clarification program is unproven. This minority group of six task force members feels that better alternatives are available. They propose the "Sex Respect" program which encourages self-control, responsibility, self-respect, and provides information on the consequences of promiscuous behavior. (VM)

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PITTSBURGH BOARD OF PUBLIC EDUCATION

TASK FORCE ON ADOLESCENT PREGNANCY AND PARENTING

# MINORITY REPORT

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June 4, 1986

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Pittsburgh Board of Public Education

Task Force on Adolescent Pregnancy and Parenting

MINORITY REPORT

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Pittsburgh Board of Public Education

Task Force on Adolescent Pregnancy and Parenting

MINORITY REPORT

The problem of teenage pregnancy is of great concern nationally, locally and to each of us personally. The establishment of the Task Force on Adolescent Pregnancy and Parenting by the Pittsburgh Board of Public Education and the the members' willingness to serve on this Task Force underline the local commitment to this problem. However, a number of the recommendations of the Task Force portend significant future problems rather than solutions, and are of grave concern to Pittsburgh area professionals, parents, children/teenagers/students, clergy, and city residents/taxpayers.

One of the most seriously fallacious recommendations of this Task Force is the establishment of school-based clinics (SBCs), called Teen Health Centers (THCs), to be located in a high risk area school or in an area contiguous to the school. Initially, schools serving primarily low income black populations were mentioned. There are many reasons why this decision to implement SBCs in Pittsburgh is improper, inappropriate and problematic.

Proof Of Need For SBCs Not Demonstrated

No proof of need for comprehensive SBCs per se to meet general health needs of teens in Pittsburgh as well as convincing evidence that SBCs could do so even if needed were ever presented at any subcommittee meeting, including the Subcommittee on the Development of a Model Project which proposed the SBC. In addition, there is a strong likelihood of duplication of existing health services. The United Way requested data on 1980 teen births provided by the Family Health Council of Western Pennsylvania outlines high birth rate areas in Pittsburgh localities (i.e., recognizes the problem). But the need for a solution must not be equated with the need for SBCs.

Similarly, at the subcommittee meetings there was a lack of proof of need for school-based "family planning"/prenatal services specifically as the "solution" in Pittsburgh. We know that teens here currently can receive contraceptive services and abortions readily and without parental consent. In fact, the Executive Summary of the Final Report of the Mayor's Consortium To Improve Pregnancy Outcome in Pittsburgh (December 10, 1985) refers to late utilization and under utilization of existing services but not to a lack of such services. Again, the probability of duplication of services which will be created by SBCs seems predictable.

Finally, the Pennsylvania Department of Education Report (Teenage Pregnancy and Parenting, March, 1985) indicates that teenage live births in the state have decreased from 1978 to 1983. Live births have also been decreasing during the last several years in Allegheny County. Again, this information could be indicating that existing services are adequate or that

the problem is improving. Nevertheless, proof of need for SBCs in Pittsburgh was not demonstrated during the Task Force meetings.

SBCs Shown Not To Be Effective in Reducing Teen Pregnancy

There is a lack of convincing evidence that SBCs are efficacious in general, but particularly in regard to the teen pregnancy problem. Specific data verifying the effectiveness of SBCs were requested several times during subcommittee meetings. However, substantive evidence validating the efficaciousness of SBCs was never formally presented to dissenting and questioning subcommittee members. It is unfortunate and incomprehensible that such issues were not closely scrutinized by the subcommittees that recommended SBCs to the Task Force. Nonetheless, one of the subcommittee co-chairpersons (Dr. Kenneth Goodrich) reported in the Pittsburgh Press (5-16-86); "And they (SBCs) work. That's the most important fact."

Cursory information presented in a booklet entitled "School-Based Health Clinics: An Emerging Approach to Improving Adolescent Health and Addressing Teenage Pregnancy (produced by the Center for Population Options) was weak, misleading, superficial and unconvincing. For example, the handbook cites that in one SBC last year "more than 100 undetected heart murmurs" were discovered. Such "discoveries" may actually increase the costs of health care. Such children are not infrequently referred by nurses to child-care physicians only to have the doctor verify that the murmur is one of the frequently-heard "innocent" or "functional" heart murmurs of children. Obviously the "discovery" can create significant anxiety on the part of the child and parent in addition to the costs of a physician examination and perhaps an electrocardiogram and chest x-ray.

Because this Task Force is addressing teen pregnancy, we must be concerned with the track record of SBCs in this regard. There is little published information adequately evaluating SBCs in spite of the fact that SBCs have been in existence for more than 15 years. It is almost inconceivable that the Model Project Subcommittee endorsed the SBC concept without closely scrutinizing available information and without actively seeking convincing and documented proof concerning benefits/risks, proven cost-effectiveness, etc, of SBCs. The general Task Force members were not given the opportunity on 5/29/86 to accept or reject this endorsement (i.e. vote).

Referring to the St. Paul, Minnesota, SBC, the Center for Population Options handbook on SBCs states: "Most of the evidence for the success of that program is based upon the clinics' records and the staffs' knowledge of births among students. Thus, the data undoubtedly do not include all births." Clearly, self-evaluation (as opposed to independent review) based even in part on staffs' knowledge" (i.e. recall) and on information not inclusive of all births should not be held up as proof of "success" in solving the teen pregancy dilemma.

Differentiation between a diminution of teenage pregnancies vs. live births is critical because abortions are likely to have been responsible at least in part for the latter. Unfortunately, the terms are often used interchangeably when SBCs are discussed. This confusion of terms occurred at one subcommittee level when the claim purporting that SBCs decreased teen pregnancies was not documented even after requests to do so were made. Nationally from 1970-1982 the adolescent birth rate decreased slightly while the abortion rate increased. Nationally an estimated 40% of teen

(age 15-19) pregnancies "terminated" in abortion in 1982. Thus the distinction between pregnancies and live births is important.

A Planned Parenthood report regarding the Muskegon Heights High School (Michigan) SBC indicates a 2.7% drop in the birth rate after three years, and "no significant change in the pregnancy rate." In Family Planning Perspectives (from the Alan Guttmacher Institute, the research arm of Planned Parenthood), January/February, 1986, it is pointed out that even the best SBC results reflect a lowering of birth rates (not pregnancy rates). Asta Kenny of the Alan Guttmacher Institute states: "Whether the decline was due to a decrease in the number of pregnancies or to an increase in reliance on abortion cannot be discerned." The Model Project Subcommittee was provided with an article entitled "School-Based Clinics Not Shown to Reduce Teen Pregnancy, Admits Planned Parenthood."

In spite of the finding "that teenagers today may be using contraceptives more than even before" (Pediatric Clinics of North America, 1981, p. 457), adolescent pregnancy still is a major concern. Contraceptive follow-up programs do not seem to impact on teen pregnancies. (e.g., Family Planning Perspectives, March/April, 1986) In OB-GYN News (January 1-14, 1986), Harvard Medical School's Dr. J. Cox indicated that contraceptive administration and extensive counseling did not decrease repeat pregnancies in adolescents in a Boston program with which she was associated. She states "We were naive to think we could alter the repeat pregnancy rate by making contraceptives more accessible."

In addition, we should emphasize that contraceptive practices neither address or nor solve the problems of venereal or sexually-transmitted diseases (STDs, such as gonorrhea, syphilis, chlamydia infection, etc) associated with promiscuity.

Cost-Effectiveness Of SBCs Not Proven

According to Family Planning Perspectives (March/April 1985), a Planned Parenthood publication, the cost-effectiveness of SBCs is not proven. The Center for Population Options SBC "handbook" describes the lack of a stable source of funding as a "major limitation" of SBCs. Although some private foundations may fund some but perhaps not all of the costs for the initial few years, currently unmet and future costs will soon be passed on to the taxpayers. Quoting again from Family Planning Perspectives (March/April, 1985), "almost all of the school programs look to public support for continuation".

The budget proposed for the SBC suggested for the Pittsburgh Public Schools is an underestimation, confusing, and prohibitively expensive. The three-year projected cost of just under $500,000.00 is clearly a low approximation. Use of third party payments (e.g., Blue Shield) could jeopardize the tax-exempt status of the Pittsburgh Public Schools.

It is unfair and unreasonable to impose on city and state taxpayers such a speculative venture as SBCs, especially in this city where school bus service has had to be curtailed recently due to budgetary constraints.

Lack Of Definition Of Proposed SBC Services

From Family Planning Perspectives (March/April, 1985), "most school-based clinics began by offering comprehensive health care, then added family planning services later, at least partly in order to avoid local controversy". There is legitimate concern that SBCs may only provide

the "ticket" into schools for the subsequent distribution of birth control devices/information or abortion referral or both. The Center for Population Options handbook states under the section called "Program Implementation": "emphasize the comprehensive nature of the clinic program", and later says, "Initially, try to maintain a low profile". Remember that this Task Force was formed to address the teen pregnancy problem.

The use of the euphemism "Comprehensive Teen Health Center" should not divert attention away from the facts. Diaphragm fitters, condoms and oral contraceptives are included in the current Pittsburgh SBC budget proposal. In addition, "Sexuality Counseling", "Gynecological Exams", "Pregnancy Testing", "STD (Sexually-Transmitted Diseases) Testing", "Dispensation of Birth Control Methods", "Follow-up Exams for Family Planning Users", "Family Life/Sex Education Programs" and "Referral to Other Agencies" are among items in the handout of Dr. Goodrich entitled "Teen Health Center Services" (later labeled as "potential" services after questioning). Parents, students and administrators should not be lulled by any appeal or apparent "convenience" that the term "comprehensive" SBC may insinuate. Because the precise services to be offered as part of the SBC were not determined during the subcommittee meetings, it is illusory at best and unfounded at worst to propose a litany of services which have not been explicitly elaborated and evaluated.

The Center for Population Options handbook acknowledges that "once a clinic opens in one community, much less effort is required to open additional ones". Therefore, the decision for SBC implementation in areas currently designated as "high risk" may only be the initial step before other Pittsburgh area city or suburban communities are involved.

The message is obvious: stop the first SBC in Pittsburgh before it metastasizes.

Implementation Concerns

We propose that any persons or agencies which provide or refer for abortion services should not be involved with the promotion of an SBC which could lead to their establishment. The day-to-day manangement of the proposed SBC has not been determined, the "Health Educator" not defined or named, even the physicians who would staff the SBC have not been elucidated (in spite of requests to do so).

When addressing the issue of abortion, the Center for Population Options handbook on SBCs states that "a few clinics may discuss with pregnant teenagers all their legal options...". However, hard data documenting abortion referrals, etc., from SBCs have been difficult to obtain. In one state (Minnesota), Planned Parenthood withdrew its support from a bill funding comprehensive SBCs rather than accept amendments stopping the clinics from promoting abortions and preventing abortion providers such as Planned Parenthood from participating in the program. The sponsor also withdrew the bill. Such organizations must be actively filtered out of the decision-making process.

Regarding the proposed Pittsburgh SBC, there has not been complete disclosure of planned contractual or other relationships with outside agencies or physicians.

Moral Risks

Our schools cannot implicitly or explicitly condone promiscuity by the establishment of such SBCs. The message to students and families will be the same whether the schools actively distribute contraceptives or simply provide information (and the students receive them elsewhere). Obviously, the double message of teaching self-control, self-respect, responsibility, etc., coupled with a contraceptive mentality is confusing to the students at best. The role of parents and the family must be strengthened and reiterated, and not be seen as conflicting or competitive. Any proposal regarding "parental consent" must be presented with the full knowledge that such consent is not currently required in Pennsylvania for administration of contraceptives, treatment of sexually-transmitted diseases or for abortions.

Clearly, in regard to other harmful teen influences, society/school offers an approach which actively discourages such behavior for all teens without active acceptance of those who choose them. Pertinent examples include smoking, drugs, alcohol, overeating, etc. Promiscuity must receive the same steadfast unilateral approach and censorship. But we must also concretely help the teen achieve the personal skills, motivation, self-confidence, self-control, self-esteem, maturity and rationale to be responsible. Colleen Mast's "Sex Respect" program offers such tools to the student in the area of sexual responsibility.

Liability of School District

The current school legal immunity does not include SBCs. Subcontracting to a physician and anticipating the use of his/her professional liability policy as "protection" for the Pittsburgh Public

Schools is naive and expensive, as the insurance costs will likely be passed on to the Board of Education. Almost surely if a lawsuit is filed, the Pittsburgh Public Schools will be named, as well as all other parties involved. Lawsuits can originate not only from contraceptive/ pregnancy-related complications but also from other medical problems (e.g., a missed diagnosis), which will become the purview of the SBC. Finally, there is no legislation or statutory authority in Pennsylvania authorizing the public schools to engage in comprehensive health care.

Bias Of Information Provided to the Task Force

Bias seems evident in the process of information gathering. For example, at the 5/14/86 Model Project Subcommittee meeting it was proposed "that the Board in its public hearing encourage the following to testify: teenagers who have become pregnant, families who have had to deal with the issue of teenage pregnancy, school nurses, and should direct school principals to testify on the subject of teenage pregnancy in order to refute testimony given at the last public hearing. " A statement to this effect was also made by Dr. Goodrich in the Pittsburgh Press. We object to this public posture during this time since Dr. Goodrich, a proponent of SBCs, has formally spoken to groups of school nurses, social workers, school counselors, middle and high school principals, etc. outlining his views. It seems only reasonable that requested input should be community-wide and reflective of our local society.

In addition, the primary source of information supporting SBCs was offered from materials by the Center for Population Options. This population control agency has as one of its objectives the availability

of birth control services for teenagers and has done work for Planned Parenthood.

The problems of adverse risks, relatively poor compliance, etc., associated with teen use of contraceptives is a separate subject for review. But, as this report indicates, it is important to note that SBCs are not just a contraceptive issue. However, the higher contraceptive failure rates and lower contraceptive continuance rates for adolescents, as well as potential adverse medical and other consequences of contraceptive use, should not be forgotten.

Options Not Seriously Considered

The Model Project Subcommittee gave only minimal attention to other more promising, cheaper, safer and more encompassing alternatives than the SBC. For example, review of the 4/17/86 Model Project Subcommittee meeting minutes shows that only two lines of the entire two page single-spaced report were devoted to "alternatives", which were considered not to be "equally effective" to SBCs. However, no evidence or data were documented in those meeting minutes regarding the effectiveness of SBCs in solving the teen pregnancy problem.

When the Model Project Subcommittee reviewed "alternatives" at the first meeting, viable and currently successful programs such as Colleen Kelly Mast's "Sex Respect: The Option of True Sexual Freedom" was apparently unknown to the subcommittee and was not even considered at that meeting. At the request of a SBC dissenting member, he was able to show a video tape outlining the Mast "Sex Respect" Program at the final

subcommittee meeting. Manuals for teachers, parents and students were also distributed for review. This program has been well received by students in at least three high schools with predominantly black populations in which it has been piloted. There is evidence that this program changes teens' attitudes. The Mast "Sex Respect" Program encourages self-control, responsibility, self-respect, and provides information and emphasis on the adverse public health and other consequences of promiscuous behavior. The program probably should not be provided to fourth to sixth grade students in its present form (as was recommended by the Model Project Subcommittee) because it was designed for junior and senior high school students. The content is not age-appropriate for intermediate level students. Once again, if SBCs are implemented in high schools and the "Sex Respect" Program in earlier years as proposed, the message at the intermediate level may be to "Say No" but in high school a conflicting message will be delivered by the school to the students.

K-12 Non-Instructional Program Proposals

We have objections to one of an underlying ideology proposed for the SBC: values clarification. While the term may sound appealing to the uninformed, values clarification (or any equivalent values-probing process of a different name, such as Magic Circle) is unproven, psychological in orientation, dangerous, invasive of the students' and families' rights of privacy, and is, in fact, value-free. Values clarification has no role in our school system whether it be the SBC or the other instructional or non-instructional programs proposed by this Task Force. Better, more

positive approaches than these out-of-date, discredit techniques should be used.

## CONCLUSION

The SBC is essentially a continuation and extension of current sex education programs which have failed. There is no substantive proof that SBCs solve the problem of teen pregnancy or that they are cost-effective. Budgetary and legal concerns related to SBCs are obvious. SBCs do not address the cause of teen pregnancy, promiscuity. Thus associated inherent problems such as venereal or sexually-transmitted diseases, absence of lasting relationships, emotional, psychological, medical (e.g., infertility), social and ethical consequences will remain if only the symptoms of the problem are treated (through the establishment of SBCs).

Better alternatives are available and one has been proposed. Standards of right and wrong, responsibility for one's actions, sincere respect for oneself and others, and the rights of families must remain the foremost principles. In our opinion, the underlying philosophy of SBCs is in direct opposition to these principles.

The General Task Force members did not have the opportunity to accept or reject the SBC proposal and other subcommittee recommendations. Instead the decisions (which were not unanimous) of the small groups of subcommittee members were generalized at the 5/29/86 Task Force meeting as reflective of the entire group without a vote.

Our opposition to the establishment of SBCs in Pittsburgh represents the view of a large number of city residents from all walks of life.

This concern over SBCs crosses denominational, racial, politically partisan et al lines.

The School Board's approach to the teen pregnancy dilemma should be innovative, caring, feasible, positive, directed, and appropriate. Therefore, we urge the members of the Board of Public Education to reject the Task Force recommendation for the establishment of school-based clinics.

We want Pittsburgh to remain the Nation's Number One City.